

THE TASKS OF PSYCHIATRY.

PRESIDENTIAL ADDRESS TO THE SECTION OF PSYCHIATRY OF THE ROYAL SOCIETY OF MEDICINE, TUESDAY, 12 OCTOBER, 1948.

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It is perhaps of some small interest that the President of the Section of Neurology delivered last week in this building an address on "The Borders of Neurology," and that for to-night I had chosen to speak on what is obviously a related topic, the "Tasks of Psychiatry." It is, of course, possible that behind this choice of our titles there may simply be a geriatric problem, for the President of the Section of Neurology and I worked together as members of the same Field Ambulance in the Battle of the Somme, just over 32 years ago. On the other hand, there may be more than this in it, and perhaps we really do need to define our fields rather more clearly and to make sure what our tasks are, and how we are best to meet them. In fact, I think that the question of the actual borders of psychiatry, as apart from its tasks, was dealt with quite convincingly in the Joint Report of the Royal College of Physicians, the B.M.A. Psychological Medicine Group and the Royal Medico-Psychological Association. There, in the section on the future organization of the psychiatric services, it says :

"Where psychiatry begins and ends has not been settled. With the development of preventive medicine, its borders will become less rather than more definite. The study and treatment of delinquency, for example, has given psychiatry an active share in criminology, and the existence of the maladjusted and the poorly endowed child is the obvious but not the only reason why education is as closely linked with psychiatry as psychology is with both. It is true that no branch of medicine has sharply defined boundaries. The surgeon may encroach on the physician's sphere ; the public health expert has to concern himself with engineering and housing. But psychiatry has less definite boundaries and marches with more non-medical territories than any of these. It follows that psychiatry must make even fuller provision for liaison than other branches of medicine, though its problem in this respect is fundamentally the same as theirs."

It is, I think, good for us to accept the fact that our borders will become less rather than more defined, that we are responsible for something which has such wide significance to the whole of our profession, and that indeed psychiatry is as Dr. Strauss said many years ago, "the other half of medicine."

In that same report of the Royal College of Physicians there is another statement worth remembering ; that "psychiatry is a specialty or not a specialty in much the same way fundamentally as surgery and medicine are."

I imagine that in this room to-day there are few, if any, who would disagree

with the concept of our necessity for liaison with non-medical groups ; and we should certainly find agreement amongst the majority of our colleagues in the United States. On the other hand, many psychiatrists in other countries would take considerable exception to such a statement, and I have recently had brought to my notice how strong the opposition is at times to the concept of working on equal terms with men and women from other professions which are concerned in various aspects of the mental health field. Is this the result of having had less experience than we have had of work, let us say, with the teams of child guidance units, where psychologists and social workers play so important and real a part, or is it something more fundamental ? Are we in psychiatry, and generally in medicine, somewhat unduly conscious of our status ? Is there some echo in this feeling of a deeper insecurity, or is it a reasoned and thought-out policy designed to protect the interests of the patient ? I suspect myself that there is a mixture of motives, but I am prepared to defend the policy of team work with non-medical colleagues against all comers !

Many of us have recently been concerned with the encouragement of inter-professional groups, "multi-disciplined," as the Americans like to call them, meeting to try and clarify their thinking about various problems of mental health. In this country, in America, in France, in Holland—to mention only a few of the countries—I have been made aware of doubt in the minds of some psychiatrists about the wisdom of such intimate collaboration. The fear has been expressed that psychiatry will suffer if it does not definitely play the dominating role or take the lead in all such activities, and from one of these countries I recently saw a lengthy manifesto calling attention to the inherent dangers in the popularization of psychiatric ideas and technique, and the risks of departure from scientific method in applying knowledge of the sick to those who are "healthy," and our experience of individuals to the study of groups.

Possibly the answer to the problem lies in our acceptance of two main divisions of our interest ; that in treatment and that in prophylaxis. Even such a differentiation cannot, however, be absolute, for in both diagnosis and therapy we most of us work very closely with our colleagues who are not medically qualified.

It may perhaps help us if we see how the various specialized jobs within the specialty of psychiatry divide up under the different headings.

Our friends in France, who are responsible for organizing the first International Congress of Psychiatry, which is to be held in 1950, have divided their subject matter under various headings :

General Psychopathology.

Clinical Psychiatry.

Psychiatric Anatomy and Physiology.

Biological Therapy in Psychiatry.

Psychotherapy, Psychoanalysis and Psychosomatic Medicine.

Social Psychiatry.

When I saw these large groupings of psychiatric interests it set me thinking, and I began putting down what seemed to be the main interests or specialties within the field of psychiatry. The list which follows may not be all-inclusive.

I. *Teaching.*

We should obviously think first of teaching as a task of psychiatry, and Prof. Lewis, when he occupied this Chair, gave us a brilliant address on the whole question of psychiatric education, with which I think we all agreed. It is certainly clear that if the best work is to be done in any of the specialties within psychiatry, then there must be a sound and all-round basic education in our subject, following, we hope, on very much better undergraduate education in psychiatry.

In considering every one of the tasks with which psychiatry may be faced I am taking it for granted that this question of an improved basic education, such as is coming about now, is one of the essentials.

In speaking of teaching as a specialized task of psychiatry, I think we should recognize that either the same, or sometimes different people, have to be responsible for the teaching of many groups, other than medical men. The clinical psychologists, psychiatric social workers and sociologists will need an increasing amount of psychiatric time spent with them in the course of their training. There are many lay groups—magistrates, probation officers, children's officers and children's workers generally, Ministry of Labour officials and others—who play a very important part in the preventive work for mental health, and they all need well thought out and well arranged training in the understanding of human beings which can best be supplied by psychiatrists.

In the United States there are considerable groups of people who seem to have accepted the absolute necessity of employing lay psychotherapists, and consequently they have the obligation to train them. Insofar as we find that becoming necessary here in the future, our psychiatric teachers will find themselves asked to take on a great deal of additional work.

2. *Treatment.*

Under this general heading there clearly are many tasks which are very different and which demand a good deal of specialized experience and training. We can list these as:

(a) The work of diagnosis and treatment in out-patient departments, and general consulting work in psychiatry.

(b) Treatment and care of psychotic patients who have to be hospitalized. Though there is not necessarily any very sharp division there seem to be two separate specialties here—that concerned with physical treatment and that concerned with psychological and social methods of treatment. If we assume that many of our hospitalized patients are to be treated analytically, following perhaps the experiments that are now being made in America, then it looks as though rather special people with special training would be needed for this, and they are not very likely to be those who are most interested in the physical and psycho-surgical methods.

(c) Mental deficiency or the specialized problems of subnormality.

(d) The treatment, generally non-institutional, of the psychoneuroses by psychoanalysis or by other methods of psychotherapy. In this specialty one can, I think, safely include responsibility for group therapy.

(e) Child psychiatry : It seems increasingly evident that with the growth of our knowledge in this field and the development of the various techniques of child analysis and social therapy, the child psychiatrist will become more and more a specialist in his own right. Child psychiatry is so important and so hopeful from the community angle that it certainly deserves to have all the encouragement one can possibly give it to become a definite specialty with its own careful methods of training.

(f) Forensic psychiatry and the care of psychopaths. It seems clear that a great deal of specialized training and experience is necessary in dealing with these problems, which cannot necessarily be handled very effectively by those with a general training in psychiatry. There are, I think, arguments both for and against the complete separation of the treatment of delinquency outside institutions, from other out-patient work. There are certain advantages from the point of view of the other patients, in a clinic that deals with neuroses, if the delinquent is not handled there. There is, however, a certain advantage to the delinquents if they are under treatment in a clinic along with those who are thought of as being sick rather than bad. On the whole my personal feeling is rather in favour of the latter course. None the less, there is a necessity for specialized experience in this field if effective work is to be done.

(g) Psychosomatic medicine is perhaps hardly a specialty, yet perhaps it should be listed. My own hope is that much of the work of the out-patient psychiatrist will, in years to come, be done by general physicians, and indeed by general practitioners ; and particularly is this the case with the so-called psychosomatic disorders. None the less, there will be scope for many years for much specialized work in research into and the treatment of these conditions.

I am not quite sure whether geriatric psychiatry is or will be a specialty or a sub-specialty. It seems to me that it is likely to come within the province of the psychiatrists who are primarily interested in institutional care, though the men who undertake such work particularly will probably be those who have a special feeling for it—which not everyone will have.

3. *Psychiatric Administration.*

This perhaps concerns a small group, but in my opinion it should be regarded as a specialty, and should be something that is carried out only by those who have aptitude for it and who have worked to develop their skills. It should not be either a prize or a dumping ground.

4. *Research.*

Under this heading there are three main groups of research which demand different training and background, and probably a different personality make-up in the workers.

(a) Physiological, anatomical and biochemical research.

(b) Psychopathological research (which probably fits in with 2(d) above—treatment of psychoneuroses).

(c) Statistical research, which is very near, of course, to the tasks of public health and social medicine.

5. *Service Psychiatry.*

In one sense this is a special branch of our profession, because it lies somewhere between the therapeutic and the preventive groupings, including much of both. Service psychiatry is likely always to use special techniques, and as with work in industry, it demands a very intimate knowledge of the social and working conditions of the men and women for whom it is responsible.

6. *Preventive Psychiatry.*

In the past, this work for the maintenance of mental health has tended to be regarded rather as a part-time occupation or hobby of those who were busily occupied in other branches of psychiatry, and not as a separate professional task needing particular experience and specialized knowledge. There are a good many indications that this idea has been changing of recent years, because the field of mental health work includes social psychiatry and all that comes within the field of human relations, in so far as the psychiatrist is concerned with these. The work of psychiatrists in industry will become increasingly important as they bring a dynamic point of view and their medical training and skills into the complex industrial field. Something much more than the devising of selection techniques is needed, for the problems of industry seem very largely to be brought about by group tensions and the development of situations which can best be understood and clarified in terms of dynamic psychiatry.

Similar problems arise in schools, in communities, in connection with public affairs and government agencies; indeed, in the whole field of what the Americans call social issues there is a growing demand for psychiatrists to play their part with colleagues from other disciplines. This is work for which comparatively little has been done so far in the way of training.

The field of public education involves the addition of much experience of the use of the spoken and written word, and the techniques of the film, theatre, broadcasting and other methods of mass education. If mental hygiene in the past has at times over-sold itself, and at other times been ineffective, it is surely largely because we as psychiatrists have not taken the matter sufficiently seriously and gone into it with a genuine scientific approach and an enthusiasm comparable to that which we feel for much of our work with individual patients.

The education of lay groups, which I referred to earlier, is certainly a part of the work of preventive psychiatry. Marriage guidance and the education, direction and encouragement of similar agencies, fall into this same field.

Finally, the last and most neglected of our tasks in this field is that of concerning ourselves with the diagnosis and the giving of such advice as we can, in the widest field of group tensions, which is the field of international relations. We have felt ourselves ignorant—and in that we were certainly right. We have, however, less excuse perhaps than most people for evading these problems, because by our training and our experience we do know more about human beings and the way they work than any other group of men and women in modern society.

May I quote two sentences from an unpublished paper by Prof. Adolf Meyer :

“ We have to be able to be at peace among the different cultures and religions without sacrificing what is differently cherished and worshipped.

“ How the necessarily private and personal minds can become harmoniously minded is one of the studies within psychiatry and in all the search and research of the sciences that work together on and for man. . . .”

Here, indeed, therefore, is a formidable list of tasks which for the most part deserve the name of specialties within psychiatry. Many of them demand quite different types of personality. Interest in human relations and in neuro-anatomy may very likely not go together. The man who is specially expert at the physical methods of treating psychoses may contribute little to research in psychopathology and have little interest in the complex relationships of management and workers in industry. Each of them needs, however, a similar basic training ; and to me a most pleasing prospect in the new D.P.M. curriculum has always been the fourth and fifth years, which are to be devoted to specialization of some kind chosen by the individual. It seems to me that this wise suggestion is exactly what we need, because by that time the budding psychiatrist should have sufficient maturity to be moderately sure where he can be most useful and most happy, and he can set about getting his special training, if we can provide it for him.

It seems to me that we do need a great many people to be something more than “ general purposes psychiatrists.” Sir Lionel Whitby in his recent Presidential Address to the British Medical Association (though I am sorry to say he never even mentioned the word “ psychiatry ”) quite obviously assumed that in every branch of medicine specialism and sub-specialism was essential. This, indeed, was part of the changing face of medicine. He says : “ Gone are the days of the individual general surgeon. Almost all surgeons are specialists in a limited field.”

I think that probably the same applies in psychiatry, and it should be possible to incorporate this concept of increased specialism into the work of the National Health Service. One would certainly hope that before long studies will be made in each Region of the exact needs of the population and of all the special interests and skills that are available to meet these needs in the psychiatric field. The Health Service, in removing the profit motive from medicine, removes a main difficulty in arranging the transfer of any particular patient to the doctor who is best able to help him, and it should be possible to ensure that any psychiatrist who has particular interest and training for some special task should be able to be used to the best advantage within the Region.

I imagine that we shall see a certain partial specialization in the different psychiatric units throughout the Regions. Except for the particular purposes of teaching I suggest that we do not want to aim at general purpose units, for we should certainly be dissipating our skills if we did that.

If we accept our very wide responsibilities both within medicine and in our liaison with colleagues in the social sciences, we shall certainly make psychiatry more effective, more worth while and more attractive, so that the

problem of bringing in some of the best of the men and women from the medical schools to psychiatric service may be simplified.

In looking back through the records of meetings of this Section in the last two years, if one excludes the joint meetings that we have held, we find that those meetings which were especially on psychopathology or psychotherapy have been slightly more popular than the others. There is not any great difference in the figures of attendances, and it is not a matter that we should in any way stress. The same fact emerged, however, in going through the forms which all Army psychiatrists completed before their demobilization after the recent war, when asked what branch of psychiatry they were most interested to follow up. Psychotherapeutic work with neurotics and what was vaguely called "social psychiatry" were the most popular choices (66 per cent. of the total). There, again, there were many misleading factors. It was not a typical sample and the conditions under which these men and women had been working in the Army obviously predisposed them to these choices. It is none the less encouraging that so many people in these days are interested in these varied tasks of psychiatry, since it means that those who are working in mental hospitals and who we hope are going to be able to put in part time on other work outside their hospitals should be able to get training and the opportunity for following up their particular bent. It looks as though there should be no shortage of people for these difficult and rather more abstract tasks. I personally have no fear that psychiatrists, by and large, will be content to work only in their institutions and to rely on the more formal methods of therapy, valuable as these are.

I suggest to you that it might be no bad thing if all of us were to consider what our own particular interests are, to make a list of our priorities, and then be prepared to let these be known to the Regional Psychiatric Committees and the other bodies who are surveying and planning for the development of our work.

I have a feeling of doubt about the educational facilities that we can provide for some people who want to and who should specialize in some of these directions within psychiatry. Since we shall have to work with sociologists, cultural anthropologists and others as well as with psychologists in many of these fields, it would be well to bring them in on our training programmes and on our planning at a very early stage.

The provision of special training is an important matter, because it is clear that even psychiatrists, like other people, prefer to deal with clear-cut topics in the understanding of which they are trained, rather than with the vaguer and more difficult subjects, such as are presented by the question of group tensions and international relations—to take the most extreme example. This was illustrated in the recent Mental Health Congress, where there was a marked difference between the demand for the specialized meetings on psychosomatic medicine for which the R.M.P.A. made itself responsible, and the more difficult problems of Nazi mentality and of displaced children which were the topics for the two meetings arranged by this Section.

Of course, it may be that people are weary with their constant anxieties about war problems and are therefore inclined to the relative security of dis-

cussing specialized techniques, but I suspect it is just as much due to the fact that we have had comparatively little opportunity of learning about the psychiatric contribution to such problems, that there is this apparent tendency in psychiatric interests.

When we first began to try and organize inter-professional discussion groups to discuss mental health and world citizenship, there was in this country and still more in the United States, great resistance to doing anything about it. People wanted a concrete and specific topic and became considerably anxious when they were asked to sit down and start tackling a vast subject which had—deliberately—been left vague. In fact, as you know, a very great many of these groups did get down to it. They very quickly began to find that not only could they do much better work because they were inter-professional, but that they could quickly isolate some particular aspect of the topic which interested them and which they were competent to deal with, and as a result of this a great many of these groups are, without any encouragement at all from the centre, continuing in being, because they feel they have found something worth while and some method of utilizing their special skills in a valuable way.

The international groups which met just before the Congress and during it had a very similar experience, and incidentally, demonstrated the great value of the method of free group discussion for the resolution of tensions and anxieties.

I wonder if in this country we take ourselves too much for granted, or whether it might be worth, in some modified way, following the example of the United States. There there is a body called the Group for the Advancement of Psychiatry. Some 150 members of the American Psychiatric Association, half of them ex-service psychiatrists, and including quite a number of the older men as well as the younger ones, have for the past two years been meeting very regularly and working on a number of committees, in which they have dealt with almost every aspect of psychiatric theory and practice. I understand that some people in this country who have come across their work regard them as potentially dangerous! My own experience of the Group is that it is an extremely alive and stimulating body, which has provided a post-graduate experience for its members, which has clarified and pulled together a great many concepts which were very difficult, both on the clinical and the organizational side of psychiatry. It certainly is a group which has developed a tremendous momentum of its own, and I should guess that its effect on American psychiatry will be for good. It seems quite possible that our Regional groups of psychiatrists might do something, in our less intense British fashion, which will be comparable to this. I would expect that if such a movement were to be encouraged by us, a number of quite surprisingly useful and interesting developments would result from it and that we should do something to make our psychiatric services more effective.

May I remind you, by the way, that our French colleagues have asked this Section to have discussion groups on the various topics which have been selected for the 1950 Conference? That is a matter upon which I think the Council of the Section will be very glad to have any suggestions or any offers.

I am asking a lot of questions, because I really do not know the answers ;

and I have a further one—as to whether in fact we should carry out our various tasks more effectively, and have a greater sense of unity and strength, if we had something like a Faculty or a Royal College of Psychiatry to further the development of our training and our work.

If we believe that our training and our day-to-day experience of human beings gives us a special position in regard to mental health, then we must, I think, be prepared to take leadership and be somewhat active in this field. Who is to try to solve the apparently insoluble problems in the field of international tensions at the present moment? Admittedly, no one of us by ourselves can do anything very startling to heal these breaches. None of us, so far as I know, has yet been called in by any of the sick nations who are involved. Yet I wonder if we could not have something to say about matters like the recent Breslau Conference. About this, one prominent man of science who attended wrote to the press evidently regarding it only as a tragic instance of political manoeuvring on the part of one country against the other. Another wrote pointing out that a very great deal of useful catharsis had occurred, and that it was a good thing to get aggression out as openly as it did come out at that conference of intellectuals. He said that at the end of the conference he felt that there was quite a degree of better understanding between the East and the West.

Surely this is something about which we, as psychiatrists, should have an opinion. Some of us could repeat the experiment probably if we were to interest ourselves in some of the local political groups. Perhaps we should not have to go further than some of the committees or the local staff Councils, in which there are often considerable tensions. Is the helpful abreaction of an individual's anxiety and aggression comparable to the abreaction or catharsis of a group? Does it in the latter case have a similar effect?

Those of us who are interested in social psychiatry and who may be working in hospitals can, without leaving our hospitals, probably institute investigations of considerable importance. We not only need these days a careful social survey of the national health service and how it works, but we need surveys of our individual hospitals for the study of doctor-patient and nurse-patient relationships, the way in which the whole group functions, and matters of this sort. There have been very few studies of the kind published. I suggest that the field is well worth exploration, and that valuable experience could be gained. We should certainly increase our own personal understanding of the psycho-sociological factors at work; we might find ourselves solving the nursing problem and also speeding up our recovery rates.

Amongst many problems that came up recently in our attempt to study international communication and the art of conferring with other people, I was interested that from a number of sources there came a demand for the use of some kind of symbolism or some method of utilizing emotion for the achievement of the purposes of the group. They raised the issue of how far one can employ in a planned manner any kind of emotional appeal for what I suppose could be called therapeutic ends. As one person said: "We pay much attention to the conscious and the rational and leave the deeper and irrational, of which we talk so much, to pick up such crumbs and crusts here and there as they can."

In the past people have wondered whether a democratic country could provide any emotional appeal or drive at all comparable to that which the Nazis achieved for their own ends through the Hitler Youth Movement and the other special organizations. The U.S.S.R. seems in some ways to have found a similar method of approach and an emotional appeal which we in the democracies do not always have. We all tend to fear the appeal to emotion, or signs and slogans which are so easily captured for unworthy or dangerous ends. Is there, despite these dangers, some way in which we can and should utilize the symbolic and emotional appeal? It is a very difficult and, it seems to me, a very important point on which we ought to be thinking.

I will not read you the actual letters; some of them would strike you, as they did me, as extremely comic at first sight, with their suggestion of songs and tunes and processions or of the use of symbols of various kinds. None of them were acted on, I am afraid, because of uncertainty, and I fancy that none of us are sure enough of our ground in this matter. It was interesting that some time ago, in discussing conferences, Dr. Margaret Mead said something rather similar to me when she pointed out that any large conference would be more successful if it had music, flags and flowers.

I must come back from this topic to place two or three more specific problems before you. Someone may already have done some work on this subject, but I have read nothing whatever about the emotional aspects of the country's obsession with football pools. Possibly some of you have that obsession yourselves! A well-known London journalist, when talking to me a short time ago, rather startled me by saying that football pools are now the national substitute for religion. Since as a nation we have very largely given up the idea of a magical God who will look after us and provide us eventually with a heaven and all the appropriate fittings, people must find something else for themselves. Some twelve to fourteen millions (I am not sure of the number) of our fellow citizens apparently send in pool coupons every week. This journalist's description of the situation was that the only three days these people came alive at all were on Monday morning when the papers arrived from the pool organizers, on Wednesdays when the form had to be filled in, and at 5.30 on Saturday evening, when the results came through. The lure of the chance that they might be the winner of the big prize was what kept them going in an otherwise dull and purposeless world.

If in fact this is true, and it seems as if it well might be, then we certainly are challenged as therapists, because it can hardly be regarded as anything but a psychological or a character disorder on the mass scale. As individual therapists we are most of us constantly concerned with seeing that our patients find something that makes life worth living, some kind of philosophy for themselves. It ought not to be beyond our wit, in conjunction with other people to discover some answer to a problem of this type, if further careful investigation showed that it did indeed exist in this form and to this extent.

I wonder how many people here are regarding it as one of their tasks to be thinking about the questions of service psychiatry in case of another war. We have a good deal of experience, at first hand or indirectly, which should enable us to lay plans and make suggestions that will be of value not merely

to the Services but to civil defence. We ought to be able to plan in advance for the maintenance of the morale of the country faced by biological or atomic war. We ought to be thinking out what the national attitudes will be, because though we all hope war will not occur, we certainly should not be quite unprepared for it.

This is a very practical and a very pressing task that we as psychiatrists should undertake. It is not something that can usefully be left to other people to think about.

In the Hospital Regions it seems to me that these matters might very well be ventilated at the same time that we are considering the allocation and distribution of various tasks as they emerge in our own areas. In the recent war pure scientists, for almost the first time, became practical contributors to all kinds of projects designed to help win the war. In every branch of medicine clinicians turned their attention to preventive measures with great success. One might quote the neuro-surgeons' painstaking work on the despatch rider's helmet; the ophthalmologists' work on gun sights; and the neurologists' work on the internal design of tanks. We as psychiatrists did our fair share in all the Services. We have been going from crisis to crisis in this country since 1929, and we still find ourselves in that state. There still is the need, and a fairly urgent need, for our interest to be turning on to problems other than the purely clinical ones, and most of us have a contribution to make here.

Finally, there is one task of psychiatry about which much is said. I heard about it throughout the war, and I have heard a good deal about it since the war; that we should "integrate psychiatry with general medicine." I believe myself that this is an unreal statement; it is most often made by those who have little comprehension of psychiatry and have had little contact with it. Sometimes clearly it is said by those who really believe that psychiatry is just very simple common sense and should be received back, like a prodigal, by General Medicine and Public Health. If one may transpose the statement, I would say that the need for general medicine to integrate itself with psychiatry seems to me very much greater. But it certainly is one of our tasks to improve our contacts, to learn from and to give what help we can to our colleagues in every other branch of medicine. We should have a very proper respect for ourselves as physicians and as people who are specially concerned with human behaviour, and so stimulate everyone who is going into medicine and everyone who is practising it at the present time to a greater interest in all the manifold problems which are fundamentally psychiatric.

We have, indeed, many tasks, and they are at least as difficult and responsible as those which fall to the lot of any professional group. That is why it is satisfactory to be a psychiatrist, for we shall certainly see our work becoming increasingly interesting and bearing fruit for the good of humanity and for the honour of medicine.
